Beacon Community Program℠

Awardee of The Office of the National Coordinator for Health Information Technology

The Beacon Community Program goals include building and strengthening a health information technology infrastructure; improving health outcomes, care quality, and cost efficiencies; and spearheading innovations to achieve better health and health care.

Keystone Beacon Community

Overview of the Keystone Beacon Community

Geisinger Health System, an integrated health services organization located in central Pennsylvania, leads the state's Keystone Health Information Exchange (KeyHIE), a secure network that links more than 300 doctors and other health care professionals in 13 member facilities throughout central and northeastern Pennsylvania to provide secure access to patients' health information. The Keystone Beacon Community — four partnering hospitals, including Geisinger, and up to 282 primary care and specialty physicians — is focused on improving continuity, quality, and efficiency of care for patients with chronic obstructive pulmonary disease (COPD) and congestive heart failure, paying particular attention to opportunities to prevent unnecessary or repeat hospitalizations.

These aims are important in central Pennsylvania and nationally. Nearly one fifth of Medicare patients discharged from hospitals are readmitted within 30 days. Among the conditions with the highest rates of re-hospitalization are heart failure, pneumonia, COPD, and surgical procedures.

The transition between hospital and home or skilled nursing facility can be difficult for patients both mentally and physically; to have to do it all again a day or a week later makes matters worse for patients. The additional care is also expensive — readmissions cost Medicare an estimated $17.4 billion in 2004. Studies show that many of these re-hospitalizations can be prevented through more thorough discharge procedures and better coordinated follow-up care for the patient once he or she returns to the community.

Goal of the Program

The Keystone Beacon Community has established community-wide care coordination through the expanded availability and use of health information technology (health IT) for both clinicians and patients in a five-county area. The program is proactively identifying patients with COPD and heart failure in the community for specialized care management by a nurse care manager. Care managers work with the patient and his or her health care team to identify services that will increase the continuity and quality of health care. As of May 2011, more than 1,100 patients have received care from new Beacon-funded care managers.

This care management program is strongly supported by health IT. By increasing patient access to their own health information and linking all members of the patient's health care team through health IT, the program seeks to improve the quality and reduce the cost of health care, including:

- Reduce unnecessary or preventable hospital admissions, readmissions, and emergency department visits
- Increase patient activation and engagement in their own health care

Using Health Information Technology to Make a Difference

Through expanded availability and use of health IT and health information exchange, the Keystone Beacon Community aims to:

- Enable patients to become more involved in their own health care by connecting them with a dedicated case manager and by giving them electronic access to their health information.
- Improve communication between health care providers and consumers through secure online messaging and engaging consumers in self-management by reminding them of schedules for preventive health care, such as influenza and pneumococcal vaccines. The Beacon is making a new personal health record (PHR) available to more than 200,000 patients, which links to the health information exchange, KeyHIE, and brings together patient health information from multiple providers and points of care. The PHR will also have messaging capabilities and allow patients to input their own information for viewing by their providers.
- Educate community members about the goals of the Beacon Community Program and provide relevant health care educational materials to help the community understand how best to prevent and manage the targeted diseases.

A Team Approach

Through the Keystone Beacon Community, Geisinger is extending the reach of its health IT program to surrounding communities through agreements with hospitals, long-term care facilities, physicians, and other health care providers in a five-county area of central Pennsylvania. Participating hospitals include Bloomsburg Health System, Evangelical Community Hospital, Geisinger Medical Center, and Shamokin Area Community Hospital. The Keystone Beacon Community is also connecting directly with patients through community outreach events and programs.

Improvements for Patients and the Community

For health care providers, health IT is supporting a patient-centered primary care model that will:

- Improve continuity of care with the addition of a case manager to the health care team
- Improve communication across care teams
- Increase timely access to patient data
- Support and encourage use of evidence-based care
- Increase efficiency

For patients, health IT is increasing opportunities for patient education and engagement through:

- Expanded availability of computer-based tools for patients to manage their own care, including a personal health record
- Increased communication with members of the health care team
- More effective reminders for preventive health actions, such as immunizations and screenings
- Increased number of choices related to how and when to receive health information
- Fewer hospitalizations and more comprehensive care for better health outcomes